

General Bill - Cash

Bill No : **OP45638** HR No : **25000**
Bill Date : **30-07-2026 07:40:50 AM** Age/Sex : **40Y 4M / Female**
Patient Name : **Mrs. D. DEVI**

Description	Amount
Dr. Krishna Kumaran A	
1. Pre Employment Health Check - Existing Employee	1.00
Bill Amount	1.00

Received Amount : **Rs. 1.00**
Received Amount in Words : **One only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.